

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01024 (1)
1. Corporation Name
LITERACY VOLUNTEERS OF NAPLES, INC.



Principal Place of Business 53-12TH STREET, NO. NAPLES FL 34102 US	Mailing Address P. O. BOX 582 NAPLES FL 33939 US
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3. Date Incorporated or Qualified 01/16/1984	
4. FEI Number 59-2358999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BOND, SCHOENECK & KING
1167 THRD ST., SOUTH, SUITE 107
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SPRAGUE, DENNIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Conklin, William <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1075 CENTRAL AVE.	1.2 NAME	247 Colonade Circle
STREET ADDRESS	NAPLES FL 33940	1.3 STREET ADDRESS	Naples, FL 34103
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	LAWS, MICHAEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	Voss, Fred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1233 12TH AVE. N.	2.2 NAME	8420 Abbington Circle
STREET ADDRESS	NAPLES FL 33940	2.3 STREET ADDRESS	Naples, FL 34108
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	MUENZE, ARTHURN <input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	Muenze, Arthur <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4551 GULF SHORE BLVD. N.	3.2 NAME	114 Moorings Park Dr.-#A403
STREET ADDRESS	NAPLES FL 33940	3.3 STREET ADDRESS	Naples, FL 34105
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	SUTTER, RHONA <input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	Wishart, Margaret <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 9349 (N A)	4.2 NAME	28821 Regis Court, S.W.
STREET ADDRESS	NAPLES FL 33941	4.3 STREET ADDRESS	Bonita Springs, FL 34134
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wm P. Conklin* March 5, 1998 941/262-4448

CR2E037 (10/97)